



Talbot County Emergency Medical Services

29041 Corkran Rd. Easton, MD 21601
(410) 820 - 8311 Fax (410) 820 - 7225

Mark Cummings, Director
Judy Micheliche, Paramedic Supervisor
Bill Wilson, Paramedic Supervisor

Wylie Gray, Paramedic Supervisor
Brian LeCates, Paramedic Supervisor

Ride Along Program *Waiver and Release*

Introduction

It is the feeling of the Talbot County Emergency Medical Services (*TCEMS*) to extend the privilege of allowing individuals to accompany our ambulance crews in serving our community by providing emergency medical services to the sick and injured.

The purpose of this program is to provide EMT-B, EMT-I, and EMT-P candidates an avenue to fulfill the obligations set forth in their curriculum, also to allow the citizens the opportunity to experience the emergency medical services we provide. We have set the following guidelines, not to discourage, but to protect the integrity and safety of our staff and associates. All riders must read, accept and comply by the following guidelines. If there are any questions regarding definitions of terms or statements please ask staff to clarify them before you affix your signature.

Guidelines

1. All riders must be 18 years of age or older, with the following exception:
 - a. A rider fulfilling obligations for the mandatory community service hours set by the Governor of this state for the successful completion of High School or a participant of the "Shadowing" program in High School. In these cases a formal letter from the student's guidance counselor must be submitted along with this form and the student's parent or legal guardian must sign this release in presence of the Director of the TCEMS. In the above exception only, the rider can be no less than the age of 16 upon the time of the request. It will be the sole discretion of the Director of the TCEMS to permit the applicant to ride and this privilege may be suspended and/or revoked at anytime.
 2. All riders should be dressed in the following manner:
 - a. A uniform shirt with a form of identification or rank in view (other companies uniforms are permitted). A job shirt. A tee shirt with company logo. No rips tears or other unprofessional appearance will be allowed.
 - b. Blue casual, dress or EMS style pants or khakis. Blue jeans are not allowed.
 - c. Black boots or clean black shoes or sneakers.
 3. All riders should be in proper hygiene, hair combed and body in clean demeanor.
 4. No persons that have a physical or mental impairment that would endanger the safety or well being of themselves or the staff, including injuries and pregnancy, shall be permitted to ride under any circumstances.
 5. No rider shall be allowed to ride if the number of personnel on the ambulance exceeds (4) four.
 6. No rider shall be allowed to possess or carry any weapon or self defense device unless proper training and/or permit is produced, documented and cleared by the Director of Paramedic Supervisor of TCEMS.
 7. No rider shall be permitted to operate an emergency vehicle unless:
 - a. An unusual and emergent situation occurs where as the highest ranking employee, acting on his/her personal, cautious and prudent judgment, deems the rider as the only capable person to operate the vehicle for the purpose of having his/her partner assist in patient care. In this case the rider must posses a valid drivers license and the highest ranking employee must complete an incident report immediately when returning to quarters and an EMS supervisor must be notified of the incident as soon as possible.
 8. Any rider shall be subject to removal if a Talbot County employee or associate expresses the desire to ride with crew and the total personnel exceeds (4) four. To avoid this problem it is highly suggested that the rider reserve a spot prior to the day desired to ride, but this will not exclude them from this rule for any reason.
 9. It will be the responsibility of the staff to ensure that either the Director or a Paramedic Supervisor is informed, by any means available, that a non-employee will be riding.
 10. All riders shall conduct themselves in a professional manner at all times and will be subject to all the rules set forth in the Talbot County handbook with no exception.
 11. All riders are to adhere to the laws regarding patient confidentiality. Any violators will be subject to due prosecution.
 12. All riders shall read, fully understand the guidelines then sign this waiver and release and confidentiality form attached, including those required to have a parental signature.
- It is important to understand that any rider at any time, for any reason that the staff feels they are not comfortable, shall be subject to removal and/or rejection into this program without explanation. Included are riders that do not comply with the guidelines set forth in this document.
 - We encourage suggestions and would like to welcome you; we hope that you have an enjoyable and pleasurable experience in our EMS ride along program.

Waiver and Release

I, *the undersigned*, hereby request to accompany the Talbot County EMS personnel on emergency and routine medical calls for the purpose of expanding my personal and professional interests and abilities. I am fully aware of the potential risks and dangers involved, the possibility of witnessing emotionally traumatic situations and that unexpected dangers may arise during such activities. I assume all risks of injury to my person, both mental and physical, or property that may be sustained in connection with the stated and associated activities.

In consideration that permission be granted to me to ride on the EMS ambulance, I do hereby, for myself, my heirs, administrators and assigns release, remise and discharge the Talbot County EMS, their employees, employer, agents, servants, or associates from all claims, demands, action and causes of action of any sort, for injuries sustained by my person, both mental and physical and/or property during my presence on said premises and participation of the stated activities.

I represent myself and certify that my true age is stated below. I certify that my attendance and participation in the above stated activities is voluntary and that I am of sound body and mind. I am not in any way an employee, servant or agent to the Talbot County EMS. I certify that I fully read the waiver and release, confidentiality forms and guidelines. I certify that I fully understand all that has been written as it applies to me.

_____ Applicant - SIGN	_____ PRINT	_____ Age	_____ Date
_____ Applicant - SIGN	_____ PRINT	_____ Age	_____ Date
_____ Applicant - SIGN	_____ PRINT	_____ Age	_____ Date



Talbot County Emergency Medical Services

CONFIDENTIALITY AND DISSEMINATION OF PATIENT INFORMATION AND STAFF MEMBER VERIFICATION POLICY

Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our work. **TALBOT COUNTY EMERGENCY MEDICAL SERVICES (EMS)** prohibits the release of any patient information to anyone outside the organization unless required for purpose of treatment, payment, or healthcare operations and discussions of Protected Health Information (**PHI**) within the organization should be limited. Acceptable uses of **PHI** within the organization include, but are not limited to, exchange of patient information needed for treatment of the patient, billing, and other essentials healthcare operations, peer review, internal audits, and quality assurance activities.

I understand that **TALBOT COUNTY EMS** provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of **TALBOT COUNTY EMS's** patients. I understand that it is necessary in the rendering of **TALBOT COUNTY EMS** services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written, or photographic and all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by **TALBOT COUNTY EMS** during my entire employment or association with **TALBOT COUNTY EMS**. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of **TALBOT COUNTY EMS** immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with **TALBOT COUNTY EMS**. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidentiality information in my possession. This is not a contract for continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by **TALBOT COUNTY EMS**. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or of any membership or association with **TALBOT COUNTY EMS**. This is not a contract of employment and does not alter the nature of the existing relationship between **TALBOT COUNTY EMS** and me.

Name (please print)

Signature

Date



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Application for Ride Along Program

Name: _____ Date: _____

Address: _____

Phone #: (____) ____ - _____ Home (____) ____ - _____ Cell

MIEMSS Provider #: _____ Affiliation: _____

Current level of certification: ☐ NONE ☐ EMT-B ☐ CRT-I ☐ PARAMEDIC

Reason for riding with Talbot County EMS: ☐ Class (EMT-B) (CRT-I) (PARAMEDIC)
(CIRCLE ONE)

☐ Field Clearing Process

☐ Non Specific Experience Wanted

☐ Other _____